ANNUAL REPORT
1987—1988

Hospital and Health Services
Commission of Prince Edward Island

89-04728/

Hospital and Health Services
Commission of Prince Edward Island

Jones Building
11 Kent Street
Charlottetown
Prince Edward Island
C1A 7P4

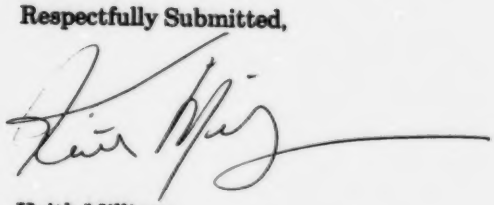
ANNUAL REPORT
For the Year Ending
March 31, 1988

Lieutenant Governor of Prince Edward Island
The Honourable Lloyd G. MacPhail

May It Please Your Honour:

I have the honour to submit herewith the Annual Report of the activities of the Hospital and Health Services Commission for the period April 1, 1987 to March 31, 1988.

Respectfully Submitted,



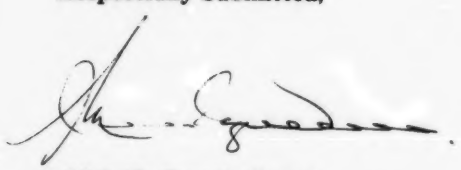
Keith Milligan
Minister of Health and Social Services

Honourable Keith Milligan
Minister of Health and Social Services
Province of Prince Edward Island
Charlottetown, P.E.I.

Honourable Minister:

I am pleased to submit herewith the Annual Report for the Hospital and Health Services Commission for the fiscal year 1987 - 1988.

Respectfully Submitted,



J. Melville Campbell, Q.C.
Chairman

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MEMBERS

Hospital & Health Services Commission

and

Executive Director

Members

J. Melville Campbell, Q.C.
Chairman

James Burleigh
Vice Chairman

Marguerite Connolly

Dr. Kent Ellis

David Ford

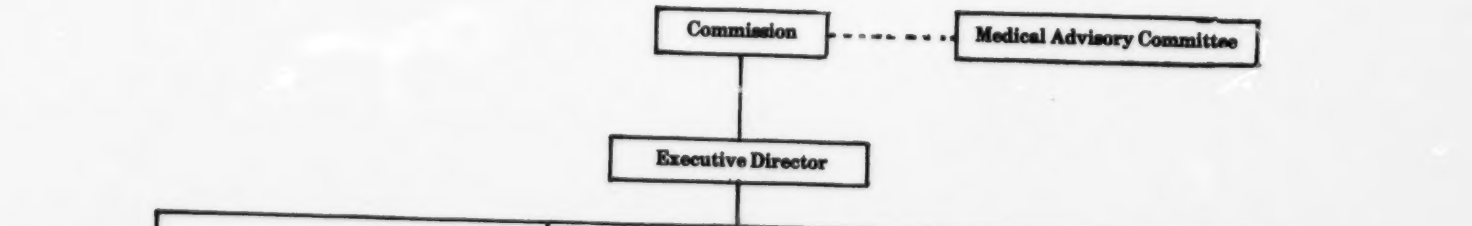
Debbie Good

Roberta Hubley

Dorothy MacLeod

Barry MacMillan
EXECUTIVE DIRECTOR

Hospital and Health Services Commission
Organizational Chart



Personnel
Claims Processing
Budgets
Finance

Physician Planning
Monitoring of Tariff
Epidemiological Studies

Quality Care
Extension Services
Standards

Planning
Research

Introduction

The Hospital & Health Services Commission provides payment toward the cost of services which are medically required and are provided by physicians to patients in their homes, in doctors' offices and in hospitals as established through the Health Services Payment Act. Certain Services provided by dentists in hospital may also be included.

The Commission as well maintains a plan of hospital care insurance for the people of Prince Edward Island in accordance with provisions of the Hospital and Diagnostic Services Insurance Act and Regulations.

In addition, the Hospital and Health Services Commission administers the funding for the School of Nursing, the Red Cross blood program and Ambulance Subsidization Program and implements the Ambulance Regulations as set under the Public Health Act.

In September, 1987 the Hospital Services Commission and the Health Services Commission were amalgamated into one Commission. The effect of this action provided a structure which would coordinate policy decisions for both sectors and allow for a more unified planning process.

This Annual Report reviews the Commission's first year with its new mandate. The Report provides financial statements and the auditor's report for the period April 1, 1987 to March 31, 1988 explains its organization and provides a relevant report of activities to December 31, 1988.

New Directions

With the amalgamation, Executive Council directed the Commission to give new management direction to the health care system.

This new emphasis stresses management of the system rather than strictly administration of the insurance plans.

With this new emphasis, the role of the Commission has become two-fold:

1) The Commission is a manager and implementer of government's direction for the health care sector, and in particular, for the allocation of resources.

2) The Commission must be an advocate for the health care system. The Commission must fairly and aggressively represent the health care sector and government. It must be the facilitator between government departments and the various components of health that interface with government.

The Commission must, through a working partnership with health care providers, facilitate the development of a strategic plan for the health care system. This strategy would require:

- the identification and priorization of needs for the health care system,
- the acquisition of appropriate resources
- the development of a system to implement a health care plan, and
- a process of evaluation and review of the strategy

Administrative Organization

The Hospital Care Insurance Plan and the Health Insurance Plan form part of the overall health services of the province.

The Hospital and Diagnostic Services Insurance Act provides the legislative authority under which residents of the province are insured against the costs of necessary hospital care and other services in aid of diagnosis.

Under the Health Services Payment Act, provision is made for payment toward the cost of basic health (medical) services for all insured residents of the province.

The cost of both Plans is funded by the Province of Prince Edward Island and the Government of Canada. There are no premiums required under either Plan, and the provincial share is provided through general revenue.

The administration of the Hospital Care Insurance Plan and the Health Insurance Plan is determined by the Commission within the terms of reference of the respective Acts.

Day to day administration of the plans is carried out through a Progam Development Division, Management Services Division and Program Support Division, each responsible to the Commission through the Executive Director. Medical care problems relating to the operations of each Plan are considered by the Medical Director, who may seek advice from the Medical Advisory Committee, composed of five physicians nominated by the Medical Society of P.E.I. and appointed by the Commission.

The Medical Advisory Committee meets on an "as required" basis and plays an important role in the smooth and efficient administration of the Plans.

Program Support Division

This division is responsible for the on-going administration of those programs and services directly affecting the delivery of hospital services. This involves outreach programs to identify needs, the initiation and development of programs and services to meet these needs and the ongoing provision of appropriate consultative and advisory services. This division also develops health care standards and implements program audits to determine that such standards are being met.

Program Development Division

This division is responsible to put in place policies, priorities and strategies to meet and accomplish the goals of the Commission. The division initiates innovative programs and projects to test new and varied methods of health care delivery and provides support in information collection and data evaluation. In addition, Program Development directs the development and implementation of a physician resource plan and a provincial hospital services plan.

Management Services Division

Management Services is responsible for managing and directing the programs and staff for all financial, personnel and administration activities that fall within the mandate of the Hospital & Health Services Commission. This division is also responsible for the management of a comprehensive claims information system.

Medical Director

This individual is responsible for the overall management and direction of the health care system. In particular, the Medical Director develops medical policy and standards for acute care, in concert with other physicians, develops guidelines and procedures dealing with specific medical issues and problems, monitors use of physician services and provides consultant and advisory services as necessary.

Medical Advisory Committee

The Medical Advisory Committee, composed of five physicians, makes recommendations to the Commission on matters affecting the effective and efficient administration of the Insurance Plans. In particular, the Committee reviews particular cases and physician's practices regarding possible over servicing or over utilization, or where medical requirement of a service is questioned.

Highlights of Activities

1. **Health Care Forum**

   The Hospital & Health Services Commission sponsored a 1½ day Forum which brought together representatives from all sectors of the health care delivery system. The purpose was to identify and priorize, through a nominal group process, the concerns, issues or problems in the health care system on P.E.I. The following were identified as priority issues: planning, coordination of health care and medical manpower, prevention and health promotion, communication, funding, services for the elderly, community-based services, mission statements, public expectations and extended care.

2. **Out-of-Province Liaison Program**

   The Hospital & Health Services Commission developed a program to facilitate the safe and expeditious transfer of P.E.I. residents from out-of-province hospitals to P.E.I. hospitals. On an annual basis, the Commission spends approximately 10% of its resources on out-of-province services. While the majority of those services are not available on P.E.I., there is an opportunity for residents to convalesce in their home province. This is being encouraged through the presence of a liaison coordinator who facilitates the return, including transportation, bed availability, home care services, supplies and other support.

3. **Medical Personnel Report**

The Hospital & Health Services Commission, the P.E.I. Medical Society and the Hospital Association of P.E.I. jointly participated in the development of a medical personnel plan. The objective of the plan is to recruit in those areas where there is a need and discourage the recruitment in those specialties and locations where the need is not evident.

Beyond the identification of an optimum mix of physicians for the province, the Report explored the many unique issues facing the provision of medical services, including the role of the family physician, the availability of continuing education, the use of clinics, the need for consumer awareness programs, the role of female physicians and the impact of the aging population, and aging.

4. **Nursing Education Study**

This study focussed on determining if the Province should establish a basic baccalaureate degree program in nursing at the University of P.E.I. The implications on the existing diploma nursing school and on nursing requirements in the Province were considered, as was the location and future direction of the L.N.A. education program. As a result of this study, Government approved the decision to proceed toward a degree program in nursing at U.P.E.I.

5. **Urology Pilot Project**

An agreement was arranged between a local urologist, the Queen Elizabeth Hospital and the Hospital and Health Services Commission, whereby services traditionally provided in day surgery would be provided in the physician's office. The physician's office would be treated as an extension to the hospitals day surgery department. The impact on day surgery and the more efficient delivery of services will be explored.

6. **Orthopedic Pilot Project**

A successful arrangement was concluded with the Prince County Hospital which would allow orthopedic surgeons to use their day surgery capabilities to provide services which traditionally have been provided on an in-patient basis. This project will explore how adjusting the delivery site affects the current delivery system.

7. **Medical Supplies Pilot Project**

This project investigates the effect the provision of supplies will have on hospital usage for clients requiring home care nursing services in the Summerside area. The objective of the project is to promote earlier discharge from hospital, prevent hospitalization and discourage inappropriate usage of out-patient departments.

8. **Health Promotion Pilot Project**

The Hospital & Health Services Commission accepts that health promotion impacts on the use of the health care system. In order to better understand the impact of health promotion, the Commission is participating in a Change of Heart Program. This program provides for an extensive exercise regime and educational program for victims of a heart attack.

9. **Capital Assets Study**

The Commission, in association with Community Hospital, O'Leary and Western Hospital, Alberton, sponsored a review of the capital assets of those two facilities. The objective was to ascertain present and future upgrading requirements for both hospitals.

10. **Grasp**

In the past year, the hospitals have been developing a workload measurement system using the GRASP methodology. The Hospital and Health Services Commission has recognized the nursing deficiencies as identified through this process and has approved a three-year plan to alleviate nursing shortages in Island hospitals.

11. **Equipment Funding**

The Hospital and Health Services Commission recognizes the strain of equipment replacement on hospital funding. In an effort to lessen the strain, the Commission has developed two programs:

1) An equipment fund has been established from which all hospitals receive money for equipment replacement.
2) Differential income, earned by the hospital can be kept by the hospital for discretionary funding.

Benefits Of The Hospital And Health Insurance Plans

General

The Hospital Care Insurance Plan and the Health Care Plan form part of the overall health services of the province.

The Hospital and Diagnostic Services Insurance Act provides the legislative authority under which residents of the province are insured against the cost of necessary hospital care and other services in aid of diagnosis.

Under the Health Services Payment Act, provision is made for payment toward the cost of basic health (medical) services for all insured residents of the province.

The cost of both Plans is shared by the Province of Prince Edward Island and the Government of Canada. There are no premiums required under either Plan, and the provincial share is provided through general revenue.

Hospital Care Insurance Plan:

An extensive array of necessary health services is provided as fully insured benefits to hospitalized persons; however, for preferred accommodations, a hospital bills the patient directly.

In-patient benefits include:

- standard ward accommodation and meals
- necessary nursing services
- laboratory
- radiology and other diagnostic procedures
- use of operating room, case room, anaesthetic facilities
- use of radiotherapy, physiotherapy and occupational and speech therapy
- routine surgical supplies

Similarly, most out-patient services are insured except in certain cases where the hospital will charge for take home supplies, e.g. drugs and dressings.

The Plan contributes towards the cost of most medically required services rendered by the physicians including:

- visits to the patient's home, to the doctor's office or in hospital
- anaesthetic services
- surgical services
- obstetrical services, including pre-natal and post-natal visits
- certain oral surgery procedures performed by dentists where admission to hospital is required
- eye refractions performed by a physician

The following physician services are not included as benefits:

- services not related to the prevention, diagnosis or treatment of disease such as medical examinations for employment or insurance coverage, attendance at an educational institution, etc.
- group inoculations and immunizations such as those carried out in schools
- preparation of testimony reports, doctors' certificates, etc., required for administrative or legal purposes
- advice or prescriptions given over the telephone except for advice re anticoagulant therapy
- doctor's travel time, detention time required in a patient's home unless special permission is obtained from the Commission
- cosmetic surgery unless medically required
- materials or drugs used by any physician while rendering medical services
- eye glasses or lenses or other appliances such as hearing aids, artifical limbs, or other devices

Services provided by chiropractors, audiologists, podiatrists, osteopaths, physiotherapists, optometrists, nurses or other para-medical personnel are not included in the Plan, nor are the normal services rendered by a dentist in his office.

AUDITOR GENERAL

Charlottetown

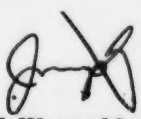
Prince Edward Island

AUDITOR'S REPORT

To the Commissioners of the
Hospital and Health Services Commission

I have examined the balance sheet of the Hospital and Health Services Commission of Prince Edward Island as at March 31, 1988 and the statement of revenue and expenses for the year then ended. My examination was made in accordance with generally accepted auditing standards, and accordingly included such tests and other procedures as I considered necessary in the circumstances.

In my opinion, these financial statements present fairly the financial position of the Commission as at March 31, 1988 and the results of its operations for the year then ended in accordance with the basis of accounting as disclosed in note 1 to the financial statements applied on a basis consistent with that of the preceding year.



J. Wayne Murphy, C.A.
Auditor General

Charlottetown, Prince Edward Island
June 21, 1988

STATEMENT 1

HOSPITAL AND HEALTH SERVICES COMMISSION
OF PRINCE EDWARD ISLAND
BALANCE SHEET
MARCH 31, 1988
(with comparative figures at March 31, 1987)

ASSETS

	1988	1987
CURRENT ASSETS		
Term deposit	$ 103,310	$ 95,232
Accounts receivable		
Province of P.E.I. - Note 1 (b)	6,449,639	3,537,221
- Other	19,741	5,295
Advance to Souris Hospital	5,567	350,528
Advance to Province of Nova Scotia - Note 2	470,000	450,000
	$ 7,048,257	$ 4,438,276

LIABILITIES

CURRENT LIABILITIES		
Bank overdraft	$ 1,235,550	$ 388,773
Payables and accruals - Note 3	5,812,707	4,049,503
	$7,048,257	$4,438,276

(Notes 1 to 5 are an integral part of these financial statements)

ON BEHALF OF THE COMMISSION:

COMMISSIONER: _____

COMMISSIONER: _____

STATEMENT 2

HOSPITAL AND HEALTH SERVICES COMMISSION
OF PRINCE EDWARD ISLAND
STATEMENT OF REVENUE AND EXPENSES
YEAR ENDED MARCH 31, 1988
(with comparative figures for the year ended March 31, 1987)

	Original budget	1988	1987
REVENUE			
Provincial appropriation - Note 4	$ 96,342,600	$ 97,400,313	$ 92,295,008
Third party recoveries	-	219,328	80,788
Investment income	-	23,824	6,886
	96,342,600	97,643,283	92,382,682
EXPENSES			
Hospital Services			
- Operating	53,621,300	53,840,300	51,112,585
- Debt	5,542,000	5,541,553	6,447,880
- Capital repairs	129,800	138,277	155,425
- Equipment fund	300,000	601,642	-
- Out of Province services	8,817,000	8,749,332	8,024,648
Medical Services			
- Out of Province physician fees	1,917,000	1,823,915	1,700,134
- In Province physician fees	20,994,500	21,914,351	20,107,622
Canadian Red Cross Society	944,400	929,735	937,545
Ambulance service	764,900	781,837	761,726
P.E.I. School of Nursing	1,511,700	1,511,700	1,387,545
Administration			
- Salaries	1,618,500	1,626,559	1,579,550
- Other	181,500	184,082	168,022
	$96,342,600	$ 97,643,283	$ 92,382,682
Net result for the year	$ -	$ -	$ -

(Notes 1 to 5 are an integral part of these financial statements)

HOSPITAL AND HEALTH SERVICES COMMISSION
OF PRINCE EDWARD ISLAND
NOTES TO FINANCIAL STATEMENTS
MARCH 31, 1988

1. Summary of significant accounting policies

   a) The financial statements are prepared in accordance with generally accepted accounting principles except that fixed assets are expensed when purchased.

   b) The account receivable from the Province of Prince Edward Island is directly related to the accounts payable and the bank account. As the liability is paid, the Province transfers the necessary funds for payment.

   c) Accounts payable for hospital care and medical services are based on actual payments after March 31 plus an estimate of claims outstanding at May 31.

2. Advance to Province of Nova Scotia

   This advance relates to out of Province services provided by Nova Scotia hospitals. Nova Scotia has requested the advance to compensate for the length of time required between the date of service and actual receipt of payment. This advance would reduce the payable for out of Province hospital care but has been treated separately for financial statement purposes.

3. Payables and accruals

	1988	1987
Medical claims:		
- In Province physicians	$ 2,750,000	$ 1,698,810
- In Province radiologists	77,203	71,023
- In Province salaried physicians	-	1,430
- Out of Province physicians and patients	394,726	222,781
Local hospitals and approved facilities for deficits and capital projects	402,797	3,785
Local hospitals for services to non-resident patients	99,477	60,404
Out of Province hospital care (net)	1,951,768	1,881,138
Canadian Red Cross	40,386	30,657
Ambulance operators	53,587	57,884
Other	42,763	21,591
	$ 5,812,707	$ 4,049,503

4. Provincial appropriation

	1988	1987
Original appropriation	$ 96,342,600	$ 88,970,800
Additional appropriation	852,131	2,430,734
Transfer	205,400	1,321,600
Unspent appropriation	-	(428,126)
Total Provincial appropriation	$ 97,400,131	$ 92,295,008

5. Amalgamation of Commissions

The two individual Commissions were amalgamated by the Hospital and Health Services Commission Act. Order-in-Council 481/87 proclaimed the Act to come into force effective September 26, 1987. The March 31, 1988 financial statements reflect the operating results of both Commissions as if the amalgamation occurred at April 1, 1987. For comparative purposes, the 1987 figures for the two Commissions have been combined.

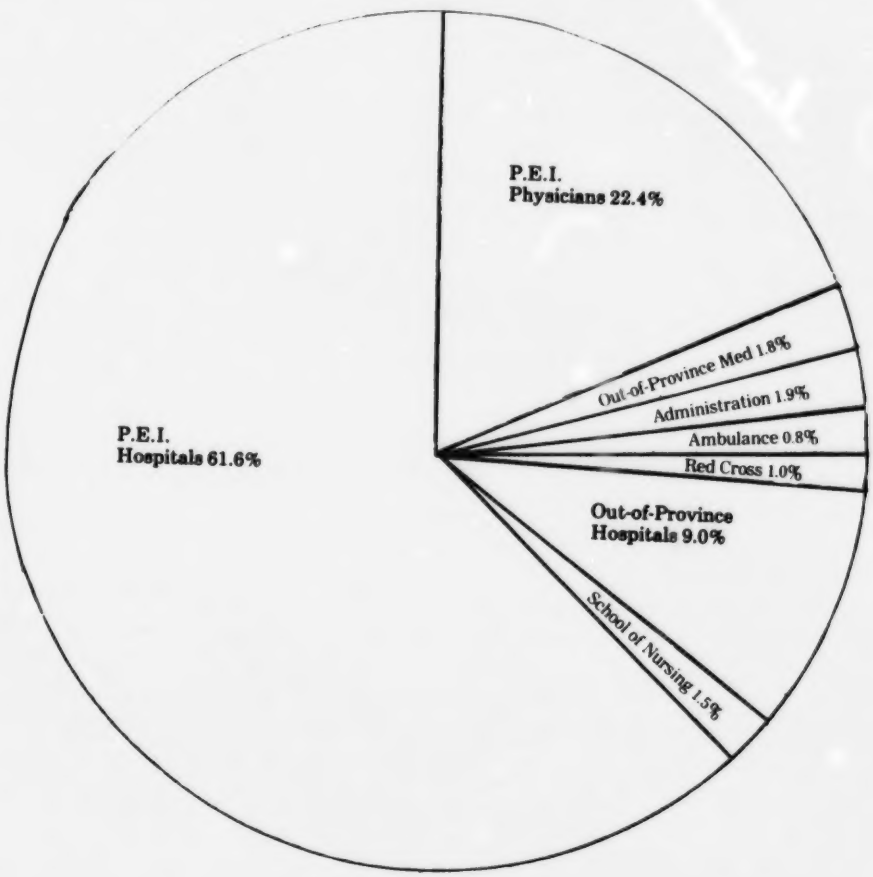
Statistical Compendium

Introduction

Expenditure figures used in the following tables were obtained from the Auditor General's Report, the P.E.I. Hospital and Health Services Commission. Data obtained on medical and physician services are based on physician claim forms and resident registration data which comprise the health information system used by the Commission.

1. **Exhibit # 1**

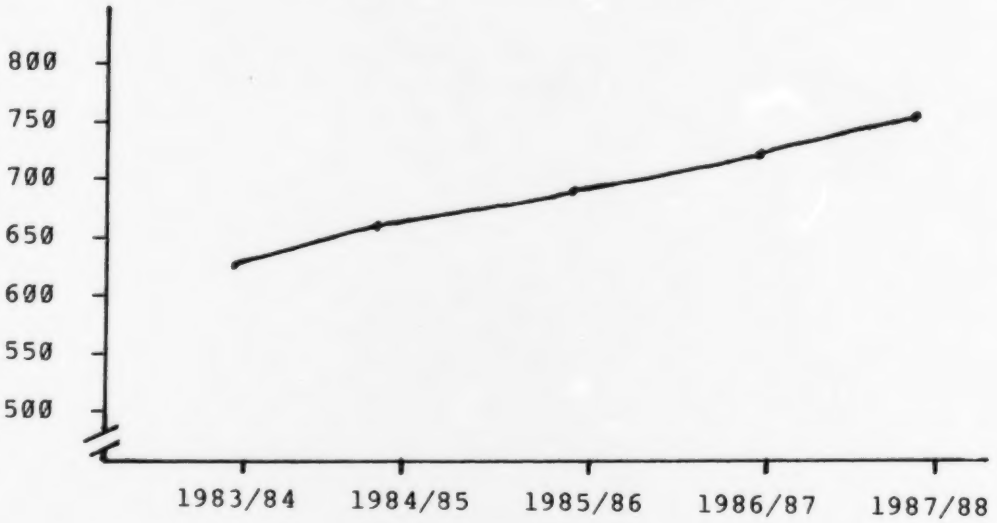
Distribution of Expenditures of the Hospital and Health Services Commission of P.E.I.



Total Expenditures = $97,643,283

Exhibit # 2

Per Capita Costs For Total Expenditures, 1983/84 - 1987/88



Source: Population figures from Statistics Canada Census Data, 1981 and 1986

2. **In-Province Services**

2.1 Physician Services

Exhibit # 3

Physician Complement as of January 1, 1988

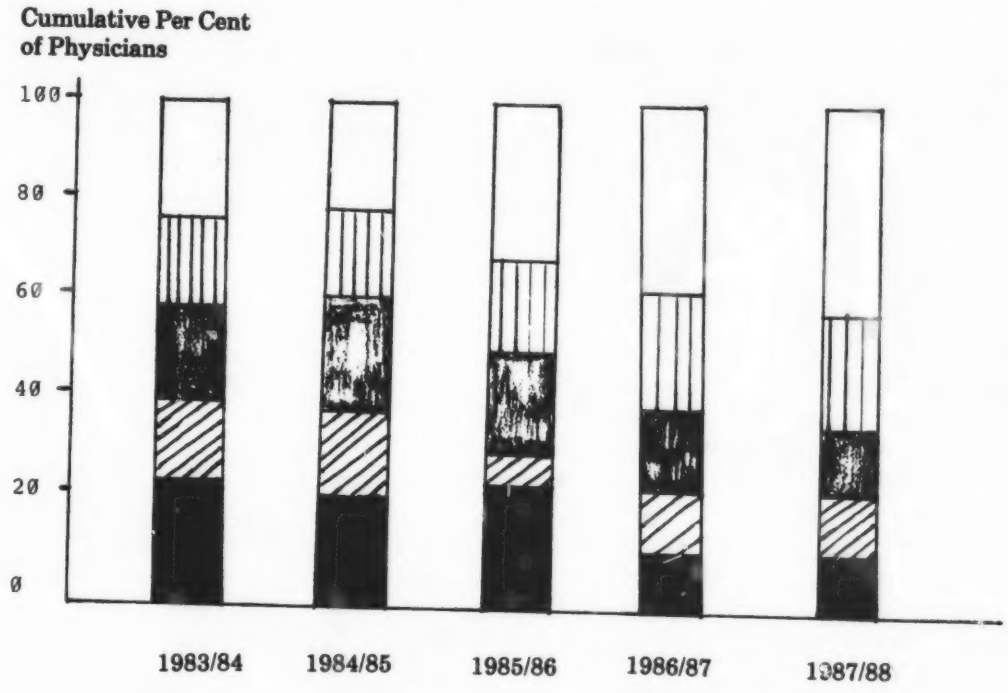
	Full Time	Part Time	Full-time[1] Equivalent
Family Practice[2]	65	19	72
Specialists:			
General Surgeons	6	-	6
Orthopedic Surgeons	3	-	3
Urological Surgeons	2	-	2
Plastic & Reconstructive Surgeons	2	-	2
Obstetricians and Gynecologists	7	1	7
Internal Medicine	9	1	9
Otolaryngologists	3	-	3
Ophthalmologists	3	-	3
Pediatricians	3	1	3
Anaesthetists	7	-	7
Psychiatrists	7	-	7
Radiologists	5	1	5
Dermatologists	1	-	1
Pathologists	3	2	4
Oncologists	1	-	1
Physical Medicine	1	-	1
Totals:	**128**	**25**	**136**

1. Full-time equivalent is determined by the accumulated earnings of all those part-time physicians divided by one-half of the mean income in that specialty.
2. Family Physicians, who practice in a specialty area, where over 50% of their earnings are derived from that specialty are accounted for in a specialty group. Specialists who have over 50% of their earnings derived from family practice are accounted for as family physicians.

Source: Medical Personnel Report, Prince Edward Island. (1988).

Exhibit # 4

Percent of Physicians by Range of Annual Payment, 1983/84 - 1987/88

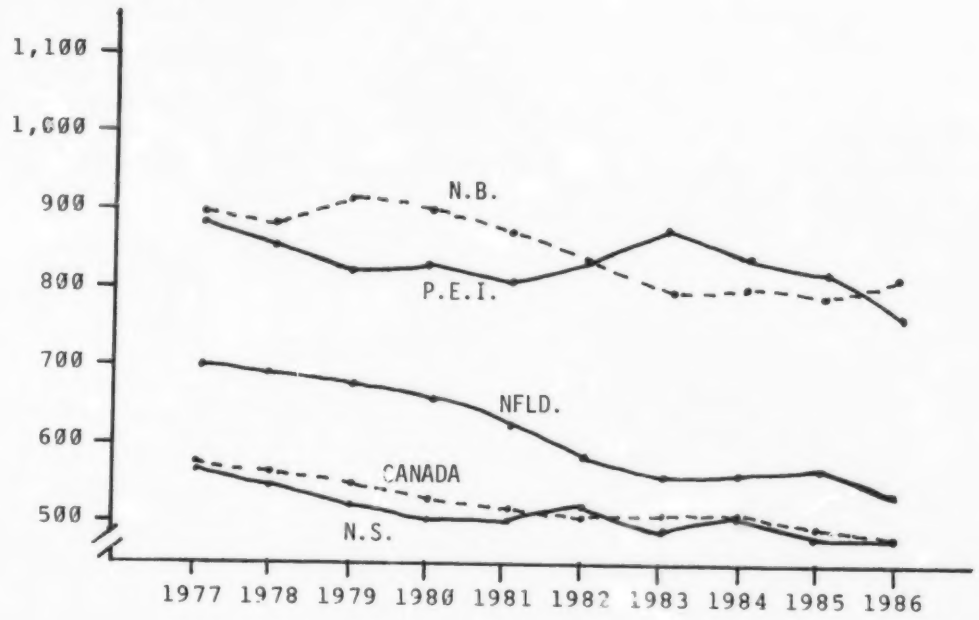


Legend: Payments

$20,000 59,999	$90,000 119,999	$150,000 & over
$60,000 89,999	$120,000 149,999	

Exhibit # 5

Population Per Active Civilian Physician
Canada and Atlantic Provinces, 1977-1986



Source: 1987 Canada Health Manpower Inventory (Health & Welfare Canada)

Prince Edward Island has shown a decrease in the population per active civilian physician.

Exhibit # 6

Total Amount Paid ('000) To In-Province Physicians, 1983/84 - 1987/88

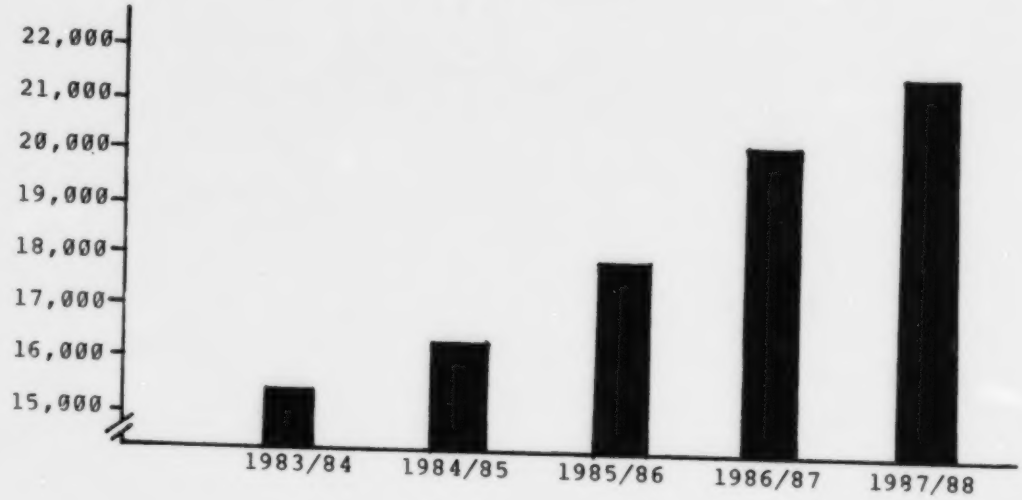


Exhibit # 7

Number of Services by In-Province Physicians, 1983/84 - 1987/88

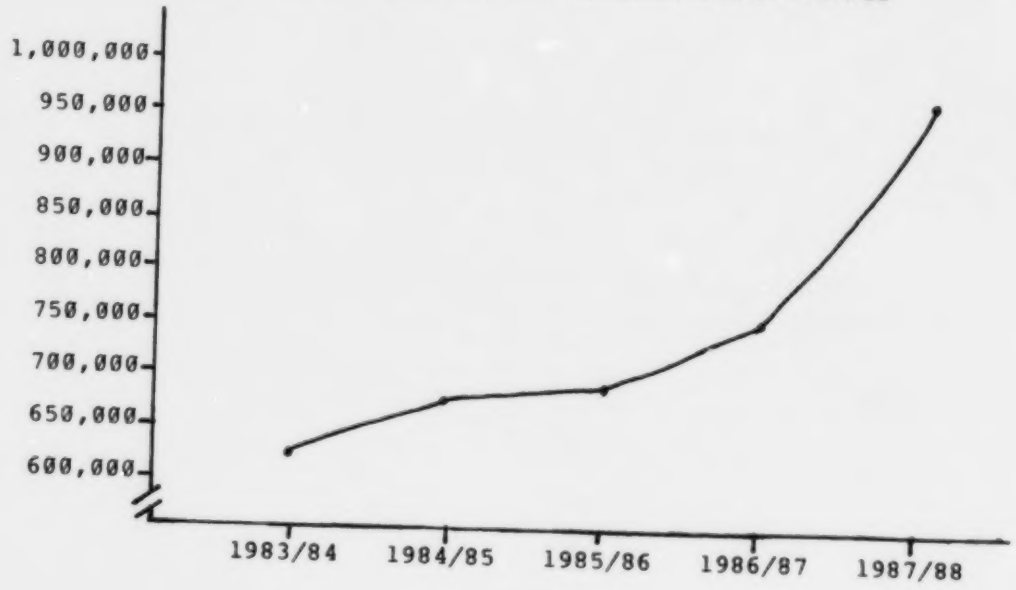


Exhibit # 8

Number of Medical Services by Diagnostic Category by Age
For All In-Province Services, 1987/88

Diagnostic Category	Age Groups 0-19	20-64	65-74	75 +	Total
Infectious and Parasitic Diseases	9,451	9,969	822	1,075	21,317
Neoplasms	1,114	10,502	6,226	6,815	24,657
Endocrine, Nutritional & Metabolic Diseases & Immunity Disorders	1,617	11,337	5,304	6,353	24,611
Diseases of Blood & Blood forming organs	1,091	1,915	1,038	2,111	6,155
Mental Disorders	7,073	54,891	6,783	8,041	76,788
Diseases of the Nervous System & Sense Organs	33,875	29,366	6,957	10,016	80,214
Diseases of the Circulatory System	637	31,268	27,568	41,084	100,557
Diseases of the Respiratory System	62,582	54,775	12,716	16,686	146,759
Diseases of the Digestive System	9,340	24,882	6,405	8,946	49,573
Diseases of the Genitourinary System	4,939	34,148	5,340	6,492	50,919
Complications of Child-birth, Pregnancy and the Puerperium	782	12,833	0	0	13,615
Diseases of the Skin & Subcutaneous Tissue	10,592	21,581	3,911	5,081	41,165
Diseases of the Musculoskeletal System & Connective tissue	5,042	37,980	9,424	9,624	62,070
Congenital Anomalies	1,775	652	110	143	2,680
Certain conditions originating in the Perinatal period	1,414	142	0	0	1,556
Symptoms, signs & ill-defined conditions	17,071	47,637	12,926	16,874	94,508
Injury and Poisoning	18,063	29,790	3,461	6,229	57,543
Factors influencing health status	28,991	69,173	11,687	11,814	121,665
Totals	**215,449**	**482,841**	**120,678**	**157,384**	**976,352**
%	**22.1%**	**49.4%**	**12.4%**	**16.1%**	

Exhibit # 9

Cost of Medical Services by Diagnostic Category by Age
1987/88 For All In-Province Services

Diagnostic Category	Age Groups 0-19	20-64	65-74	75 +	Total
Infectious and Parasitic Diseases	148,274	155,712	13,825	16,503	334,014
Neoplasms	29,461	321,220	183,452	181, 892	716,025
Endocrine, Nutritional & Metabolic Diseases & Immunity Disorders .	39,189	257,357	92,088	100,410	489,044
Diseases of Blood & Blood forming organs .	20,032	31,791	16,996	35,383	104,202
Mental Disorders	98,042	1,159,870	115,212	153,765	1,526,889
Diseases of the Nervous System & Sense Organs	592,397	587,830	206,033	295,729	1,681,989
Diseases of the Circulatory System ...	14,313	590,906	511,646	682,193	1,799,058
Diseases of the Respiratory System ..	957,943	825,481	189,771	249,762	2,222,957
Diseases of the Digestive System	231,418	762,171	196,027	221,583	1,411,199
Diseases of the Genitourinary System	101,123	916,939	187,706	192,309	1,398,077
Complications of Child-birth, Pregnancy and the Puerperium	35,203	633,376	0	0	668,579
Diseases of the Skin & Subcutaneous Tissue	179,652	388,204	68,473	81,773	718,102
Diseases of the Musculoskeletal System & Connective tissue ..	112,379	753,359	186,742	176,240	1,228,720
Congenital Anomalies ..	59,823	25,492	4,021	3,187	92,973
Certain Conditions originating in the Perinatal period	49,441	4,779	0	0	54,220
Symptoms, signs & ill-defined conditions	343,734	907,375	241,496	306,359	1,798,964
Injury and Poisoning ...	411,733	702,430	95,103	179,590	1,388,856
Factors influencing health status	503,801	1,369,739	221,862	207,966	2,303,368
Totals	**3,927,958**	**10,394,481**	**2,530,153**	**3,084,644**	**19,937,236**
%	**19.7%**	**52.1%**	**12.7%**	**15.5%**	

Note: Total costs do not equal audited statement costs due to lag time between billing dates and payment dates.

2.2 Hospital Services

Exhibit # 10 - Geographic Locations of P.E.I. Community Hospitals

Population Source: Statistics Canada - 1986 Census Data

Exhibit # 11

Utilization Statistics
Hospitals of Prince Edward Island
1984/85 - 1987/88

	Apr. 1/84 to Mar. 31/85	Apr. 1/85 to Mar. 31/86	Apr. 1/86 to Mar. 31/87	Apr. 1/87 to Mar. 31/88
Number of Beds set up	690	690	690	690
Number of Bassinets set up	79	79	79	79
Total Patients Admitted (Adult, Children & Newborn)	27,765	26,445	26,599	27,021
Total Births in Hospitals	1,961	2,015	1,902	1,915
Adults & Children Patient Days	201,212	197,392	201,218	196,997
Newborn Patient Days	10,769	11,131	10,190	10,083
X-Ray Examinations	101,780	102,736	107,364	109,187
Laboratory Units of Work		7,660,804 (1)	8,139,713	8,342,256
Operations in O.R.	16,569	17,835	18,206	20,356
Emergency Room Visits	112,362	122,358	116,081	127,447
Physiotherapy Attendances	43,750	46,241	36,328	30,919
Electrocardiograph Exams	23,958	24,529	25,275	26,043
Meal Days	362,218	358,218	369,169	360,472
Nursing Staff (Includes School of Nursing & L.N.A. Program Staff	680.2	670.4	690	696
Other Staff	881.1	888.8	899	906
Total Staff (2)	1,561.3	1,559.2	1,589	1,602

Note 1: New Laboratory Workload Measurement System

Note 2: Staffing reported in full-time equivalents

Source: 1987-88 Annual Return of Health Care Facilities - Hospitals
Part One, Statistics Canada

Exhibit # 12

Comparative Statistics, P.E.I. Community Hospitals, 1987/88

Hospital	Approved Bed Capacity	Admissions	Pt. Days	Occupancy Rate (%)	Average Length of Stay	Births
Queen Elizabeth	351	11,717	104,040	81.2%	8.9 days	1,119
Prince County	162	7,176	46,391	78.5%	6.5 days	657
King's County Memorial	50	1,864	13,342	73.1%	7.2 days	105
Souris	21	959	5,931	77.4%	6.2 days	17
Western	50	1,336	11,522	63.1%	8.6 days	0
Community	33	1,355	10,231	84.9%	7.6 days	17
Stewart Memorial	23	699	5,540	66.0%	7.9 days	0
Totals	**690**	**25,106**	**196,997**	-	-	**1,915**

Source: 1987/88 Annual Return of Health Care Facilities - Hospitals Part One, Statistics Canada

Exhibit # 13

Total Amount Paid ('000) For In-Province Hospital Services, 1983/84 - 1987/88

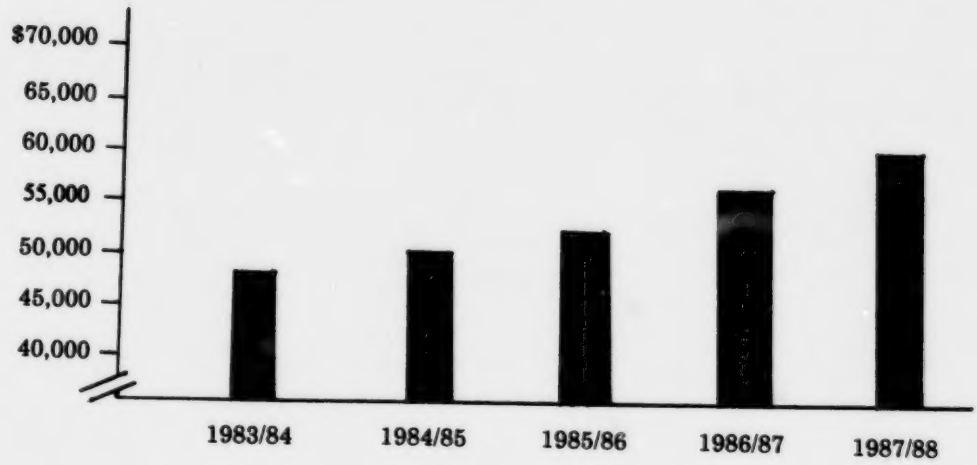
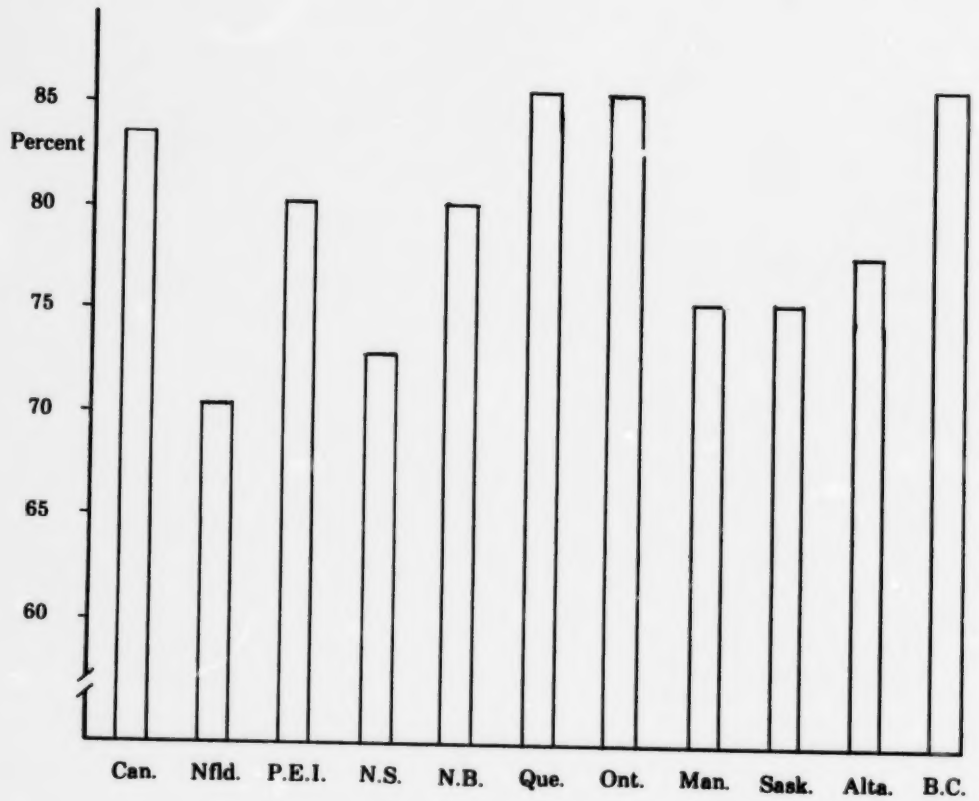


Exhibit # 14

Provincial Comparison
Occupancy Rates: 1987 - 1988
(Public Hospitals - General Non-Teaching, With Long-Term Units)

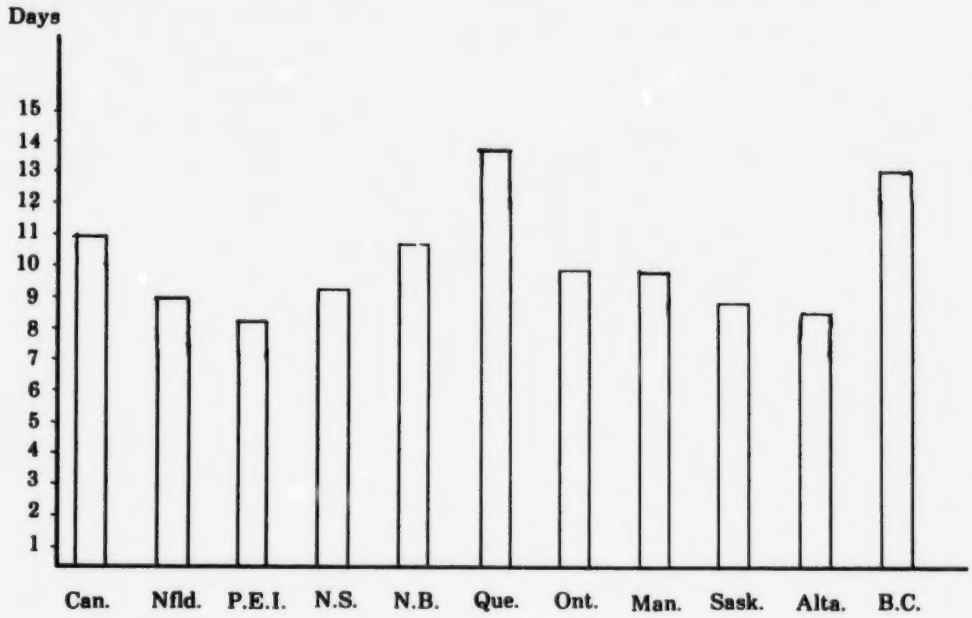


Source: Hospital Statistics Preliminary Annual Report 1987/88 Statistics Canada

The occupancy rates indicate the degree of utilization of inpatient beds in a hospital. Generally, the higher the occupancy rate, the greater the operation efficiency is in the institution. However, it should be noted that the waiting period and numbers waiting for non-emergency admission to hospital also increase as the occupancy rate increases.

Exhibit # 15

Provincial Comparison
Average Length of Stay: 1987—1988
(Public Hospitals—General Non-Teaching, with Long Term Units)



Source: Hospital Statistics Preliminary Annual Report 1987/88 Statistics Canada

The average length of stay indicates the degree of turnover of patients in inpatient beds. The lower the average length of stay, the greater is the utilization of the inpatient beds.

3. **Out-of-Province Services**

3.1 Physician Services

Exhibit # 16

Total Amount Paid ('000) To Out-Of-Province Physicians, 1983/84 - 1987/88

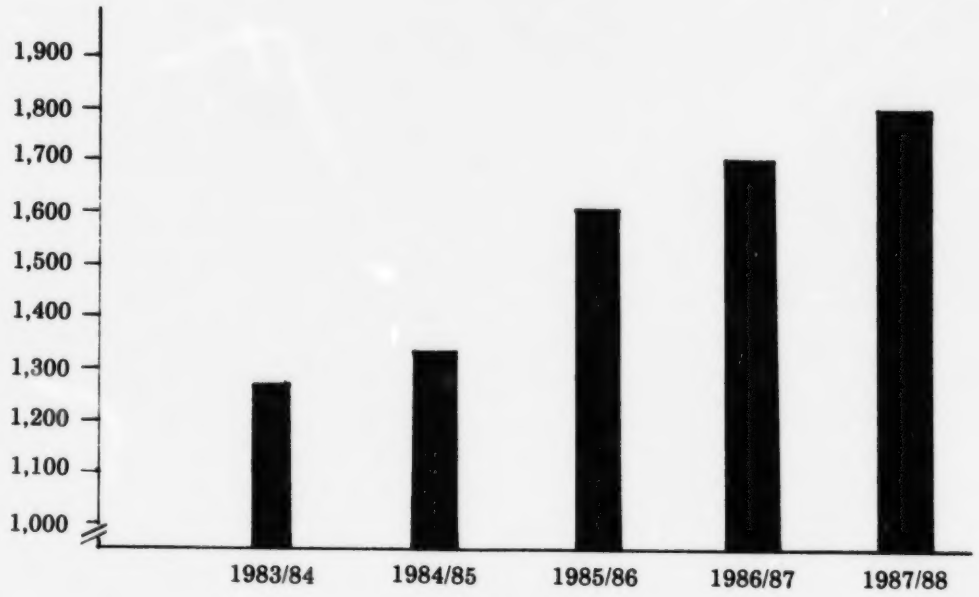
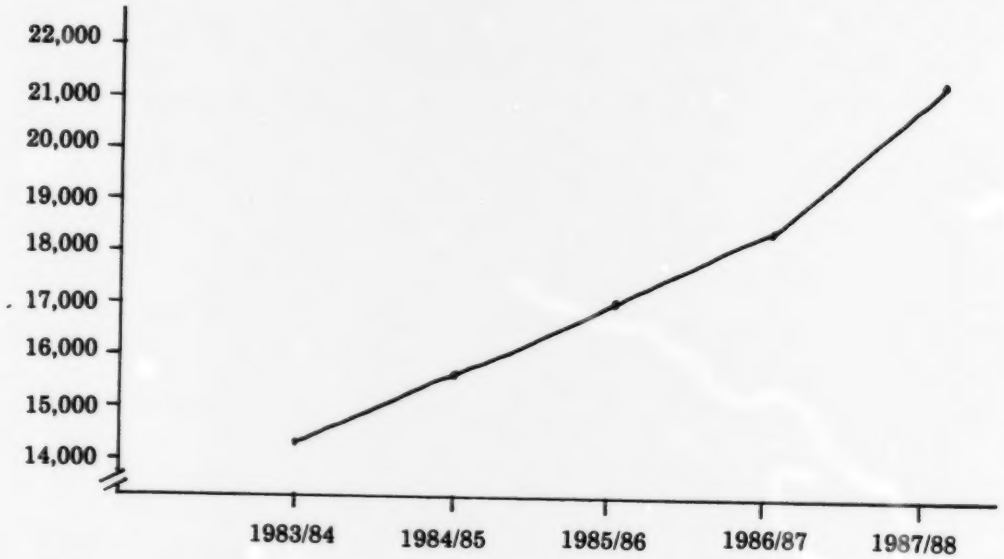


Exhibit # 17

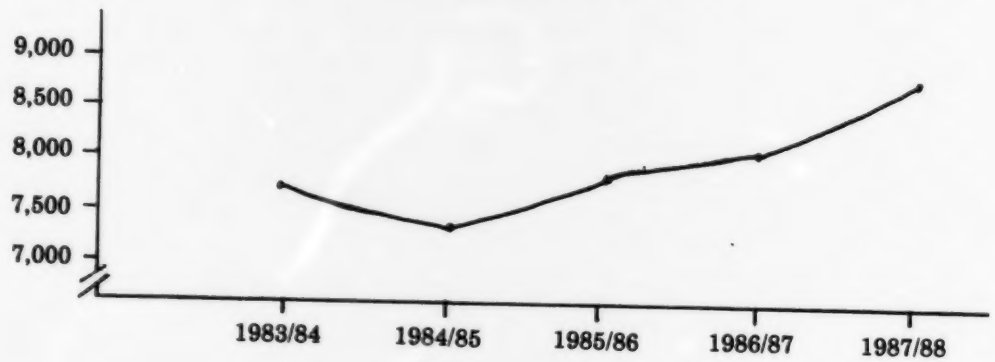
Number of Services by Out-Of-Province Physicians, 1983/84 - 1987/88



3.2 Hospital Services

Exhibit # 18

Total Amount Paid ('000) For Out-Of Province Hospital Care, 1983/84 - 1987/88



3.3 Out-Of-Province Referrals

Exhibit # 19

Summary of Out-Of-Province Referrals by Diagnostic Category

Diagnostic Category	1986/87	1987/88
Infectious and Parasitic Diseases	17	20
Neoplasms	335	323
Endocrine, Nutritional and Metabolic Diseases and Immunity Disorders	76	72
Diseases of Blood & Blood-Forming Organs	15	17
Mental Disorders	40	46
Diseases of the Nervous System & Sense Organs	409	481
Diseases of the Circulatory System	281	307
Diseases of the Respiratory System	62	63
Diseases of the Digestive System	136	169
Diseases of the Genitourinary System	206	175
Complications of Pregnancy, Childbirth and the Puerperium	17	20
Diseases of the Skin and Subcutaneous Tissue	72	106
Diseases of the Musculoskeletal System and Connective Tissue	272	266
Congenital Anomalies	133	114
Certain conditions originating in the Perinatal Period	42	12
Symptoms, signs and ill-defined conditions	341	441
Injury and Poisoning	123	155
Factors influencing health status	0	0
Totals	**2,577**	**2,787**